Disaster Behavioral Health Response Team Exercise
May 13, 2006
EVALUATON SUMMARY

INTRODUCTION

This exercise was designed to evaluate the Disaster Behavioral Health Response Team's ability to respond to an activation call and their capabilities to provided services in a winter storm incident. The exercise was used to assess our Disaster Behavioral Health Response Plan and the procedures necessary to respond to and recover from a winter storm. This exercise was approved for 5.0 CEU`s by the NH NASW.

The exercise will be evaluated by experts from the Public Health Networks and other agencies familiar with emergency response. An After Action report will be prepared and distributed to participating DBHRT members, evaluators and officials within the Bureau of Emergency Management with specific recommendations for the enhancement of DBHRT`s ability to respond to events of this type. The After Action Report will provide a description of what happened during the exercise, issues that need to be addressed, and recommendations for improvements.

EXERCISE SCENARIO

On Friday, May 12th a surprise winter storm hit the entire State of New Hampshire. The impact of the storm varied throughout the state but all areas were affected to some degree. There were power outages, flooding and road closures. Many hospitals were at capacity as there were accidents and resulting injuries / deaths. Some areas of the state had evacuations with shelters being established. There were 10 confirmed deaths.

The exercise was conducted under real time and weather conditions were directed through message injects by controllers as needed. The exercise duration was approximately three hours. Transportation of victims to hospital settings, shelters and family assistance centers was simulated. Each region received a DVD and fact sheet specific to their region's demographics and impact of event

EXERCISE OBJECTIVES

1. Demonstrate the ability of DBHRT Team Leaders to brief and orient arriving DBHRT members utilizing the ***Initial Community Needs Assessment Form*** and the ***Briefing and Orientation Checklist***.
2. Demonstrate the ability of Team Leaders to make assignments based on the skills, training and experience of DBHRT members and the needs of the community.
3. Demonstrate the ability to establish and maintain communication between Squad Bosses "in the field" and the Team Leaders and between the Team Leaders and the Disaster Behavioral Health Coordinator located at the State Emergency Operations Center.
4. Demonstrate the ability of DBHRT members to accurately assess individuals in need of further psychological and/or medical attention.

5. Demonstrate the ability of DBHRT members to provide behavioral health interventions, specifically psychological first aid and critical incident stress management.
6. Demonstrate the ability of Team Leaders to conduct a post deployment check- in.

Exercise Locations:

Region 1 Littleton (Learning Center)
Region 2 Keene (Keene State)
Region 3 Franklin (CCNTR)
Region 4 Manchester (Catholic Med Ctr.)
Region 5 Exeter (Main St. school)

DBHRT Member Participation:

70 DBHRT members participated in this exercise.
Region 1: 8
Region 2: 14
Region 3: 15
Region 4: 17
Region 5: 16
(The following information was given to DBHRT members in advance: directions to locations, time schedule reminder to bring personal go kit items, Field Guides, DBHRT I.D., a list of what they would bring to a winter storm event), whom & where to report).

Team Leader Involvement:

Region 1: Jim Cameron, Cliff Vendt
Region 2: Mary Anne Stillman, Wendy Martel
Region 3: Kim Giles, Mike Morison
Region 4: Paul Berger, Susan Beltz
Region 5: Peg Correia, Deb Barlow, and Bill Wallace

List of Evaluators: (evaluators participated in evaluator training prior to the exercise)

Region 1: Tim Page, Rachel Manners
Region 2: Gary Gray, Scott Taylor
Region 3: Wendy Dumais, Liz Kantowski
Region 4: Donna Arias, Dave Plumley
Region 5: Betsy Andrews Parker, Lori Darcier

Schedule:

9:00-9:30--- DBHRT members report to BH Reporting Area
9:30-9:45--- Team Leaders conduct briefing and orientation
9:45-10:00--- Team Leaders make assignments
10:00-12:00-- DBHRT members provides services
12:00-12:30---Post Deployment Check-In
12:30-1pm--- Lunch
1:00-2pm--- Hot Wash

Evaluation of Exercise by Region

Region 1

What Worked/Highlights:

- Actors were oriented to disaster behavioral health and they performed well
- Signage indicating services locations such as "hospital", "shelter"
- Good check in and briefing for arriving DBHRT members
- All wore vests and DBHRT I.D. badge (helped to identify them form "actors"
- Tasks were assigned to DBHRT members based on their special skills
- Team leaders described scenario seriously and set the tone
- Established lines of communication, explained radio and recorded cell phone #`s
- Focus on self-care for the worker and post deployment check in
- Team leaders responded appropriately and in a time efficient manner to injects

What May Not Have Worked:

- Batteries for hand held radios died out
- During hot wash conference call, facilitator needed to repeat questions and comments from other sites.
- Squad bosses somewhat confused about their role (e.g. should they maintain radio communication and assess victims?)
- Not enough people to serve as "runners"
- Cell phones did not work
- No introductions of team members to each other, of team members to actors and identity and role of evaluators

Recommendations for Improvement:

- Provide squad bosses and DBHRT members with job action sheets so that they are clear on their roles
- Distinguish between what is real and what is pretend in terms of location
- Explain how DBHRT would work with other responders in an event
- Simplify forms. Too many forms to fill out during patient assessment
- Involve other disciplines such as EMS
- Consider videoconference for hot wash

EXERCISE OBJECTIVES

1. Demonstrate the ability of DBHRT Team Leaders to brief and orient arriving DBHRT members utilizing the *Initial Community Needs Assessment Form* and the *Briefing and Orientation Checklist*.

Comments: Excellent ability to build group cohesion and establish the setting for the drill. Did not see the two forms mentioned above so I cannot comment on whether or not members utilized these.

2. Demonstrate the ability of Team Leaders to make assignments based on the skills, training and experience of DBHRT members and the needs of the community.
Comments: DBHRT members were asked about special skills in order to determine assignments. For example, if one member was familiar with Littleton Regional Hospital, that's where they were assigned. Team Leader asked for someone to step up and be Squad Boss of the smaller team. In future, Team Leader should assign Squad Boss instead of waiting for someone to volunteer for the role.

3. Demonstrate the ability to establish and maintain communication between Squad Bosses "in the field" and the Team Leaders and between the Team Leaders and the Disaster Behavioral Health Coordinator located at the State Emergency Operations Center.
Comments: *Members did their best with the communication options they had available to them. Team leaders did an excellent job determining what information needed to come from the State EOC and what could be handled locally. Squad bosses and Team leaders established standardized times to connect with both groups and regularly communicated status of members and patients/victims and what resources were needed*

4. **Demonstrate the ability of DBHRT members to accurately assess individuals in need of further psychological and/or medical attention.**
Comments: Observed member escorting individual to cafeteria because all they needed was to eat. DBHRT member was interrupted by a deaf individual and handled the situation tactfully. Another DBHRT member assessed that one individual needed information about a loved one and immediately got on the radio to get find out. Patient/victims were well attended-to by DBHRT members. This was confirmed by the actors at their debriefing. DBHRT members took the drill seriously.

5. **Demonstrate the ability of DBHRT members to provide behavioral health interventions, specifically psychological first aid and critical incident stress management**.
Comments: Group interventions were used as a support function for those individuals that needed more attention.

6. Demonstrate the ability of Team Leaders to conduct a post deployment check- in.
Comments: Team Leaders did a fantastic job of keeping members focused and on task. Members were able to process the drill and determined a debriefing for DBHRT members would be beneficial, meaning not only discussing the drill itself, but also dealing with the emotions of the workers involved. Conversation seemed to focus on communication problems.

Region 2

What Worked/Highlights:

- Very professional conduct by participants
- Timeline was followed very well
- Excellent leadership by team leaders in scenario presentation & making assignments
- Good handouts and field guides
- T.L. spoke about stress, the buddy system and safety issues
- Good supplies in personal "Go Kits"
- When radios went down, team switched to cell phones and called for local resources (fire dept) to borrow radios to continue drill
- Actors created some chaos but DBHRT brought within control within 15 minutes
- "Hands on" service to clients
- Exercise appeared real
- Establishing teamwork with other DBHRT members
- DBHRT members staying in their assigned roles

What May Not Have Worked

- Hard to hear Hot wash on speakerphone
- Setting was not that realistic
- DBHRT members having to alternate between role of DBHRT member and actor
- Long wait time from 9-10am

Recommendations for Improvement:

- Recruit more actors. Advance notice of roles. Explicit roles for actors
- Pare down assessment ??? to critical ones such as" Are you taking psych meds?"
- Publicizing that CEU`s were available
- Better signs from parking lot to meeting room
- More information on available resources
- Coordinate with other responders such as ARC, police and fire
- Check out hand held radios ahead of time
- Add activation component to drill by calling team members on morning of drill
- Keep actors separate until the drill starts
- Have a central location for weather updates
- Assign a PIO for inside announcements and briefings
- Control of information so the Squad Boss isn't asked the same question every 5 minutes. Have a flip chart for each room with latest info posted
- Private settings for victims to preserve confidentiality and privacy
- Need a file box for forms. Have job descriptions & tasks written down with a specific guide and map layout for the rooms and what you expect so anyone coming into the drill can set up a section. Some confusion arose with people sitting all over the place.

EXERCISE OBJECTIVES

1. Demonstrate the ability of DBHRT Team Leaders to brief and orient arriving DBHRT members utilizing the *Initial Community Needs Assessment Form* and the *Briefing and Orientation Checklist*.
Comments: Leaders gave a good orientation and needs assessment.

2. Demonstrate the ability of Team Leaders to make assignments based on the skills, training and experience of DBHRT members and the needs of the community.
Comments: A quick discussion of assignments were made and the ream leader picked out who would do what function on a voluntary basis and the fit actually seemed to work out very well

3. Demonstrate the ability to establish and maintain communication between Squad Bosses "in the field" and the Team Leaders and between the Team Leaders and the Disaster Behavioral Health Coordinator located at the State Emergency Operations Center.
Comments: Good start giving out the radios and having a radio check. Everything was working smoothly for 15 minutes, and then the radios went dead. Team Leader immediately switched to cell phone and called into to EOC with an update. There was a little trouble with communications but it was easily dealt with.

4. Demonstrate the ability of DBHRT members to accurately assess individuals in need of further psychological and/or medical attention.
Comments: Good one on one information gathering by all the people that I saw. Actors played real life rolls that they could relate to and the information was interesting and believable.
One person exhibited a fractured arm in the beginning. This overwhelmed the ER nurse with flashbacks. This presented a problem at first but situation was quickly dealt with and they both received the treatment they needed.

5. Demonstrate the ability of DBHRT members to provide behavioral health interventions, specifically psychological first aid and critical incident stress management.
Comments: Very good group discussions similar to group therapy in think took place and that calmed the shelter group and stopped the endless questioning of when are we getting out.

6. Demonstrate the ability of Team Leaders to conduct a post deployment check- in.
Comments: Post deployment check out the actors took longer than did the DBHRT people they were very good and the came up with a lot of issues and took time explaining their rolls and actions.

Region 3

What Worked/Highlights:

- Team leader gave excellent briefing
- Team members very flexible, willing to take turns as actors
- Excellent communication between team leader and state EOC
- When radios weren't working, scribe asked for cell phone numbers to continue conversations
- Increased sense of competence now

What May Not Have Worked

- Ensure that you have enough actors for future drills
- Roles were a bit unclear
- Radios. The radios failed and no backup system was discussed in advance. There needs to be a communication plan developed at the briefing to include a mechanism for back up communications in case the primary system fails.
- Squad bosses were non-existent**.** The squad bosses were not aware of their responsibilities and expectations, so they essentially became team members. There needs to be a Job Action Sheet developed that clearly defines their roles and responsibilities.
- There were a few team members that seemed very uncomfortable with their roles. They relied heavily on written guidance and seemed very unnatural. I would recommend more training and a competency test of some sort to ensure that the proper people are on the team.

Recommendations for Improvement:

- Team leaders and team members should be in separate locations during drill
- Develop job actins sheets for team leaders and team members
- Provide squad bosses and team members with info regarding how to get in touch with team leaders
- Conduct a drill briefing before the drill begins to outline rule of a drill and stress the importance of treating it like a real-live scenario
- Provide a training program on the use of radios and back up communication systems
- Clearer instruction prior to drill as to what to expect and what to bring

EXERCISE OBJECTIVES

1. Demonstrate the ability of DBHRT Team Leaders to brief and orient arriving DBHRT members utilizing the *Initial Community Needs Assessment Form* and the *Briefing and Orientation Checklist*.

Comments: The Briefing Orientation Checklist was not used other than a briefing on the weather conditions. Upon reviewing some of the things that didn't work, it is my opinion that things may have run smoother if it had

There were several things missing from the briefing:

a. *Transportation issues*

b. *Health and safety in the disaster area*
c. *Policies and procedures*
d. *Local community and disaster-related resources*
e. *The squad bosses were not briefed on their roles, only told to call in on radio every ½ hour.*
f. *There was no training given on how to use the radios, or what to do if they didn't work.*

The briefing did provide a great description of the scenario and what to expect from each of the locations (shelter & hospital).
The briefing and orientation checklist is an excellent tool, and if followed would provide all necessary information to team members.

2. **Demonstrate the ability of Team Leaders to make assignments based on the skills, training and experience of DBHRT members and the needs of the community.**
Comments: Due to the low turnout at this site (one actor and approximately 8-10 DBHRT members) this was a difficult task for the team leader. She did review DBHRT members skills but had to "make do" when half the DBHRT members had to become actors. It was good that roles were switched and actors went back to being DBHRT members and vice versa. This worked well for a time but as issues came faster, there was definitely confusion. The Team Leader did a great job reviewing people's reported skills when assigning spots. She was quick, thorough, and asked for input from the team members. She asked for volunteers to be squad bosses.
Question: Is there a way for Team Leaders to verify what team members say is accurate? Could you have a list of all DBHRT members with their areas of expertise to give to Team Leaders to assist in role assignment?

3. Demonstrate the ability to establish and maintain communication between Squad Bosses "in the field" and the Team Leaders and between the Team Leaders and the Disaster Behavioral Health Coordinator located at the State Emergency Operations Center.

Comments: <u>Communication was the disaster.</u> No specific instructions were given on when to communicate or how. Although squad bosses were shown briefly how to use the radio, the first time it was used resulted in confusion. While one squad boss was trying to communicate with the team leader, the other squad boss became involved in the conversation, completely confusing the issue. Squad leaders should be trained in how to use the radio, how to identify themselves, and to whom they are directing their communication to.

The radio the team leader was using went dead almost immediately. This resulted in a runner going from the command center to the shelter site to notify the squad boss that the team leader's radio was dead and communication would have to be via cell phone, and provided the number. However, the same was not done with the hospital site, so there was no direct communication. On that note,

I noticed that on the sign in sheet it did ask for cell phone numbers of the DBHRT team, but hardly anyone provided one.
I realize this was an exercise, but I suggest back-up communication be addressed. If cell phones are a back up, then perhaps DBHRT members, and leaders should be instructed to always bring their cell phones and chargers.

There were several Communication breakdowns in the drill between the Team Leader and the Squad Bosses.

- *When team members signed in they were not asked if they had cell phones and to list their numbers if they did have them.*
- *The team members were very hesitant to use the radios because they were not given any training on its uses.*
- *When the team members did use the radios the two locations were speaking at the same time. It caused much confusion and the team members thought they were speaking to the Team Leader, but were not.*
- *When the radios failed, the scribe walked across the hall to see if anyone had a cell phone. If this were a real-life scenario she would have ether had to drive to the separate locations or go without any means of communication. The scribe asked for phone numbers but did not give the Team Leader's phone number to the team members, so they could not contact the Team Leader.*
- *Several times when team members wanted to communicate with the Team Leader they walked across the hall to talk with her. The Team Leader did not indicate that they wouldn't be able to do that. It set up a false sense of communication.*

There seemed to be excellent communication between the Team Leader and the State EOC.

4. Demonstrate the ability of DBHRT members to accurately assess individuals in need of further psychological and/or medical attention.

Comments: Several of the DBHRT members seemed to be at a loss of how to respond to the situation and stress levels exhibited by the individuals in need. I observed one DBHRT member reviewing the individual assessment form, while she was supposed to be working with a client. She seemed more concerned with the form than with the client. I suggest that in the future, DBHRT members review the forms prior to being deployed. It was very disturbing to see someone who is supposed to be an expert giving guidance to be totally confused. Not good. I also found it disturbing that when two DBHRT members were counseling the two parents of the snowmobiling accident victims, they did not try to find a private corner to converse, instead both DBHRT members and both parents (of two different victims) were practically sitting next to each other. I noticed this was distracting to the actors and the DBHRT members as they were listening in on each other's conversations.

All pushed plenty of water, cauliflower and broccoli. Actually it seemed that when the DBHRT members were at a loss for words, they brought up the food again and again.
I suggest a screening of some sorts for potential DBHRT members. Just because someone has a degree, and has been practicing for a long time, doesn't mean they are good in crises situations. Definitely more training is required for DBHRT members in general. Many seemed to be at a loss of what to do or say.

5. **Demonstrate the ability of DBHRT members to provide behavioral health interventions, specifically psychological first aid and critical incident stress management.**

Comments: A group session was held with 4 DBHRT members present and five emergency providers. This actually went smoother that I anticipated. The DBHRT member did a great job in conveying a sense of caring and compassion balanced with useful questions and suggestions.
For the most part the team members seemed highly skilled in psychological first aid and providing behavioral health interventions, but there were a few team members that seemed very uncomfortable with the process. They used the debriefing and diffusing forms to guide them through the process and were constantly reading off their papers. This created a very disjointed insincere environment and was not welcomes by the 'actors'
I did witness several team members look to each other for guidance or contact the Team Leader for guidance, which I thought was great.
But I also witnessed a few team members acting judgmental and defensive when confronted. They also used technical jargon and just didn't seem comfortable or natural.
The team members that seemed relaxed and had real conversations with the actors seemed the most successful.

6. Demonstrate the ability of Team Leaders to conduct a post deployment check- in.

Comments: The post deployment check-in was very well done. The team Leader asked all the right questions and gave everyone a chance to talk about their experiences.

Region 4

What Worked/Highlights:

- Briefing and orientation went very well
- Actors did a good job on challenging the team
- Realistic scenario that engaged the team from the start
- Active listening and de-escalation techniques seemed effective
- Team leaders prioritized issues as they arose
- I now have a greater understanding of what to expect if I get called in
- Got to know other DBHRT members I may be working with
- Hearing what went well and what didn't in other regions at the hot wash
- Improved my comfort level as a DBHRT member
- Post deployment check-in
- Seemed very realistic
- Learned the chain of command
- Discovering previously un-discussed needs for go kit (toys, pad, etc)
- DBHRT member flexibility, willing to adjust and to ask questions in order to clarify when unsure or concerned that a piece of information was missed
- Had team member who could sign if needed

What May Not Have Worked

- Need more actors
- Some actors overacted
- Lack of information prior to drill
- Scope of exercise may have been greater than the number of DBHRT members present could handle
- Having to serve as an actor when I was not prepared for that role
- Not being able to practice skills due to lack of participants
- Radio breakdown and squad boss unfamiliarity on how to use even though it was covered during briefing/orientation
- ICS fell apart when radios went down although communication was still effective
- Lost 3 DBHRT members who were deployed to real event

Recommendations for Improvement:

- Include first responders in drills so we can see how we work together and they can assume and demonstrate their roles
- Ensure buddy system that was reviewed during the briefing. There were times when a DBHRT member was left alone with an agitated "actor-victim"
- Develop method of updating victims what is happening during the disaster
- Have back up communication plan with cell phones and runners if radios go down
- Ensure that DBHRT members check in with each other's stress levels
- Develop a log to update replacements

EXERCISE OBJECTIVES

1. Demonstrate the ability of DBHRT Team Leaders to brief and orient arriving DBHRT members utilizing the *Initial Community Needs Assessment Form* and the *Briefing and Orientation Checklist*.

Comments: DBHRT team leaders did a great job briefing the team members on the situation, status, orientation of the impacted community, local resources, logistics, communication, transportation, health and safety, field assignments, and self-care and stress management. However, it was not clear to the team members what paperwork was necessary and/or how to leave a log for their replacement, so some members didn't do that work.

Team Leaders met all the criteria in B & O checklist with the exception of the health and safety in a disaster area. Special emphasis was placed on team member safety and what to expect.

2. Demonstrate the ability of Team Leaders to make assignments based on the skills, training and experience of DBHRT members and the needs of the community.

Comments: The team leaders effectively assigned work based on skills in a timely manner.

They did an excellent job of assigning them where their expertise would be most beneficial to the patient and improvised as needed.

3. Demonstrate the ability to establish and maintain communication between Squad Bosses "in the field" and the Team Leaders and between the Team Leaders and the Disaster Behavioral Health Coordinator located at the State Emergency Operations Center.

Comments: Although the communication did work well, when the radios went down communication between the team leaders and the squad bosses was difficult to maintain because not all of the squad bosses had cell phones. The team leaders did take a list of cell phone numbers at the beginning of the drill and were able to call members they knew were with the squad bosses.

Squad bosses were continually updating the team leaders. Periodic reports to the state EOC were clear, precise and to the point. They did not hesitate to ask for assistance.

4. Demonstrate the ability of DBHRT members to accurately assess individuals in need of further psychological and/or medical attention.

Comments: Overall, I thought the DBHRT members did a great job assessing individuals. I did see one person announce to a room full of agitated parents, some of whom were much louder than others, that they were separating the people who 'could be quiet'. I felt that idea could have been presented in a more tactful way.

Team members used a variety of skills to assess their patient's needs, and then acted in a professional and calming manner. Medical interventions appeared somewhat delayed.

5. Demonstrate the ability of DBHRT members to provide behavioral health interventions, specifically psychological first aid and critical incident stress management.

Comments: The team members did an excellent job providing behavioral health interventions; the biggest challenge they faced was unprepared actors (due to the lack of actors that were present) not staying in character.
Team members quickly demonstrated that they were up to this task by engaging patients through active listening skills and de-escalation techniques. Patients were treated with the utmost respect.

6. Demonstrate the ability of Team Leaders to conduct a post deployment check- in.

Comments: The Team Leaders had a team member conduct a post deployment check-in, which went very well, but the time was cut short because of the hot-wash and it wasn't fully completed.

Region 5

What Worked/Highlights:

- Participants who took time on their weekend to practice their skills should be commended
- Scenario was plausible and realistic
- DBHRT members did an excellent job of providing PFA & following up with clients
- Team members are very skilled, compassionate and willing to help. Able to adapt to changes as they arise
- Participants stayed in role of care provider for the drill which was realistic given the circumstances
- Drill was a great way to learn in a low stress environment
- Debriefing
- Got to see how my regions was prepared for an emergency
- Familiarity with how different roles interface
- Practicing skills and watching the coordination by the experienced team leaders

What May Not Have Worked

- Flow of chain of command
- Orientation left a lot of unanswered questions regarding roles and what should be expected from DBHRT members (e.g. Squad boss)
- Radios weren't tested until teams were deployed to their respective sites
- Many of the points on the briefing & orientation checklist were not covered. This caused some problems during the drill
- Trying to offer stress reduction and nutrition advice to an adolescent who was trying to locate her father
- Needed more actors. Had to use DBHRT members as actors
- Didn't receive confirmation and directions to where event was being held

- Some DBHRT members may have touched victims without obtaining their permission

Recommendations for Improvement:

- Team leaders need more training regarding what to cover during the briefing/orientation.
- Should be a form filled out to gather information from clients in an organized manner so that different DBHRT members would not be asking the clients the same questions over and over.
- DBHRT could benefit from attending Red Cross training on shelter set up. DBHRT spent a lot of time trying to do activities that would normally be handled by the Red Cross
- More guidance from the to down. First time doing this for some team leaders
- Have all team leaders completed NIMS training
- Participate in exercise with the Red Cross and municipalities
- Establish communication systems between the volunteers and leaders, how to communicate, etc
- Conduct a tabletop to review the step by steps for team leaders regarding what they should be conveying and how to do assessment
- Have go kits more prepared and if members need to bring items t delineate that
- Pre-assign roles for actors by e-mail in advance
- Make water, tissues available
- Make resources available known
- Spend more time in briefing /orientation session
- Provide written handouts for actors such as stress reduction techniques, etc
- More structure and standardization
- All interventions should be approved first by leadership before offering to victims, families, etc
- Develop a checklist for team leaders to use during briefing regarding the do`s and don`ts when working with survivors

EXERCISE OBJECTIVES

1. Demonstrate the ability of DBHRT Team Leaders to brief and orient arriving DBHRT members utilizing the *Initial Community Needs Assessment Form* and the *Briefing and Orientation Checklist*.

Comments:
Orientation to the Impacted Community – This was not covered at all.
Local Community and Disaster-Related Resources – I did not see anything being handed out from Go Kits, not even paper or writing utensils to write down any information given to them by their clients. The vests were distributed.
Logistics – No logistics were given at any time during the drill.
Communication – I did not witness any description of how, when and what to report to Team Leaders, or from Team Leaders to Squad Leaders at the initial orientation or at the hospital waiting room. There was no testing of the two-way radios and therefore it wasn't discovered that they did not work until the drill

began and everyone was spread out at different locations. At that point, there was no opportunity to use any type of backup communication.

A. Transportation – There was no discussion of transportation, other than the National Guard was doing all transportation. There were no maps handed out and no discussion of open or closed roads.

B. Health and Safety in Disaster Area – No such discussion was had.

C. Field Assignments – There was a decision made, as to who would go where for field assignments, and who would be actors at those assignments. There was no review of appropriate interventions at the sites.

D. Policies and Procedures – There was absolutely no discussion around policies and procedures. Shifts, breaks, how to report statistics was not discussed, no forms were handed out and there was no framework for collecting information from the clients, making follow-up and back and forth communication efforts difficult and at times redundant. Different people asking the same person, the same thing, over and over, increasing the stress level of the clients.

E. *Self-care and Stress Management – There was no buddy system established at the hospital waiting room. I did not hear any talk of post deployment check-in at the end of each tour of duty.*

This is an example of how an experienced person could have shown the participants what to do. There was absolutely no orientation at all. There was a slide review and that was all of the information that was given. The questions that participants had in the field would have been covered had the leaders reviewed the community assessment, which they were supposed to do. The leaders should also give copies of the community needs assessment and orientation checklist to the field leaders so everyone is operating off the same page. After reviewing the assessment and checklist and listening to the feedback at the end, many of the questions would have been addressed and participants more prepared with this information.

2. Demonstrate the ability of Team Leaders to make assignments based on the skills, training and experience of DBHRT members and the needs of the community.

Comments: The sign in sheets were filled out when they reported to the drill, listing their skill sets. Unfortunately, a real situation came up in Exeter and 3 DBHRT team members had to leave. There were not enough volunteers to play as actors so a lot of the DBHRT members had to be actors. Halfway through the drill, everyone switched roles, which made it somewhat confusing for everyone. This was not done at the beginning just a random assignment. Suggestion: based on what little was known about the community needs assessment, the team leaders could have said, "assistance is needed at XYZ Hospital. Is anyone familiar with the hospital and or staff who would be comfortable assisting there?" Perhaps there is a member who works at the hospital or somehow is affiliated who could be a better asset. Or if a shelter is at a school, ask if someone has a child at the school and that member may know the ins and outs of the school better than a stranger.

I also did not see the leader at the shelter make an assessment of the situation or ask for people's competencies before everyone scattered to assignments. Clearly, there were clients with some major issues and I am not sure what the competencies of each person were however, there should have been a pre meeting before entering the shelter or after the situation was assessed to ensure all needs were met. The shelter leader should have asked the volunteers to assess and report back which did not happen. They asked questions one at a time, the leader kept leaving the shelter, clients were left unaccompanied. If an assessment had been done initially, I truly believe the medically needy would have been removed to another location and they should have been removed. Also, anyone asking for drugs (heroin) must be removed from a shelter, as they are a risk to others.

The shelter team leader should not be in the position of team leader until he acquires additional training. All team leaders should participate in the American Red Cross Shelter Operations courses (course 1 and 2) so they are familiar with how a shelter works and how they would fit into the shelter matrix. The American Red Cross course for disaster mental health would also provide your entire team with the much-needed paper work, training and structure during a disaster that they need (this was an observation, from conversations heard during the drill and on feedback).

3. Demonstrate the ability to establish and maintain communication between Squad Bosses "in the field" and the Team Leaders and between the Team Leaders and the Disaster Behavioral Health Coordinator located at the State Emergency Operations Center.

Comments: Again, the radios were not tested in advance. They did not work in the school and there was no other way to communicate. The DBHRT at the school communicated with Concord via telephone, but I'm not sure how they would have communicated if the phone lines had been down.
Get ham radio operators, learn chain of command from NIMS and ICS, and make sure you have back up radio or cell phones in advance of where you are going.

Strongly encourage an hourly update to the team leaders based on a standard set of questions: how many being treated, how many seen, how many in shelter/site/hospital, number of volunteers, shift change, etc. This information will go back to EOC and give an accurate picture of what is happening in the field. Then reverse with the information and give it back to the field i.e. Number of shelters, where they are located, accident updates, etc.

4. Demonstrate the ability of DBHRT members to accurately assess individuals in need of further psychological and/or medical attention.

Comments: This is of course, where the DBHRT team shined. They used their skill sets very well. The only suggestion I would make here is that they needed a framework or structure, a form to fill out so more than one DBHRT member was not asking a client the same questions or looking for the same follow-up.

Very good. Will have to adjust standard of care because it changes when you are in the field. Not that one would give bad care but one may not be able to give the level that they are accustomed or must triage better. I give the example that during actual events, nurses are the biggest barriers to delivering medications because they talk too much. During a real event, a nurse must give meds and move the patient out. This is against their standard and they feel it is not giving good care. They must adjust. Please call me for clarification if needed. I am not implying that you must not give the level of care that is appropriate but recognize it changes drastically in a real event.

5. **Demonstrate the ability of DBHRT members to provide behavioral health interventions, specifically psychological first aid and critical incident stress management.**

Comments: The DBHRT members did an excellent job providing psychological first aid and also follow-up on the clients. I did not see a lot of time passing before they were making the rounds a second, third and fourth time to check up on the clients.

6. **Demonstrate the ability of Team Leaders to conduct a post deployment check- in.**